

Appendix A Refugee Social Services Employment Program (RSSEP) WORK REGISTRATION FORM

The Virginia Refugee Social Services Employment Program assists eligible refugees, asylees, Cuban/Haitian entrants, Afghan and Iraqis with special immigrant visas, victims of human trafficking, and certain Amerasians become employed.

In the United States adults work and earn an income to pay for their food, housing, and clothing needs. You will hear the term 'personal responsibility.' It means that the individual and not the government is responsible for paying for food and shelter. The refugee employment program goal is to help you find a job so that you can pay for your food and your shelter.

The kind of job you find will depend on how well you speak the English language and the experience and skills you gain as you work for U.S. employers. Your first job will be at an entry-level salary. If you want a higher salary or a different job, you will need to do two primary things: improve your skills in speaking the English language and get experience in working in U.S. jobs.

Your cooperation with the RSSEP staff and participation in RSSEP activities is very important. RSSEP staff will give you information about looking for a job, interviewing for a job, and keeping a job once you find it. Your cooperation and participation is critical to your success in finding a job.

To receive services from the RSSEP staff, you must first sign this RSSEP Work Registration Form. Your signature means you understand that your cooperation with the RSSEP staff and participation with RSSEP activities is very important. Cooperation and participation means that you

- ✓ keep all scheduled appointments
- ✓ go on job interviews
- ✓ accept a job offer
- ✓ tell the RSSEP staff if you move or find a job

If you do not cooperate and participate, the RSSEP staff may not be able to continue to provide you with employment assistance. The program staff may close your RSSEP case. If your RSSEP case is closed, here is what will happen:

1. You will not be eligible to continue to receive RSSEP services, which may include English language training.
2. If you are receiving cash payments from the Refugee Cash Assistance Program, those payments will stop.

<u>RSSEP WORK REGISTRATION SIGNATURE REQUIREMENT</u>		
Client first name	middle name	last name
CLIENT SIGNATURE		DATE SIGNED

IF THIS FORM IS SIGNED AT THE TIME OF RCA APPLICATION AT THE LOCAL DEPARTMENT OF SOCIAL SERVICES (LDSS), THE LDSS IS TO

- 1. DETERMINE THE RSSEP PROVIDER THAT IS CLOSEST TO THE APPLICANT'S HOME ADDRESS AND CHECK THAT OFFICE ON THE RSSEP REFERRAL FORM**
- 2. GIVE THE ORIGINAL OF THIS FORM TO THE RCA APPLICANT AND TELL THE APPLICANT THAT HE OR SHE MUST CONTACT THE RSSEP AGENCY THAT IS CHECKED ON THE REFERRAL FORM.**
- 3. SEND A COPY OF THIS FORM TO THE RSSEP AGENCY**
- 4. MAINTAIN A COPY OF THIS FORM IN THE RCA APPLICANT'S LDSS CASE FILE.**

Refugee Social Services Employment Program (RSSEP) Work Registration REFERRAL Form

This RESSEP Referral Form is completed by the local departments of social services when a RCA applicant does not have a copy of an RSSEP registration form at the time of application. Its purpose is to inform the applicant who to contact for refugee employment services.

IF THERE ARE TWO RSSEP PROVIDERS, THE APPLICANT IS ASKED TO CHOSE ONE THE LOCAL DSS INTAKE WORKER MARKS THE APPLICANT'S CHOICE		
LOCAL DSS	RSSEP PROVIDER NAME AND CONTACT INFORMATION	RSSEP PROVIDER NAME AND CONTACT INFORMATION
Central Region Amelia Fluvanna Hopewell New Kent Petersburg	<input type="checkbox"/> Refugee Resettlement Program of the Commonwealth Catholic Charities Richmond Office 1512 Willow Lawn Drive, Suite A Richmond, VA 23230 (804) 545-6289	
Caroline	<input type="checkbox"/> Migration and Refugee Services Catholic Charities of the Diocese of Arlington Fredericksburg Office 24 Butler Road Fredericksburg, VA 22405 540) 899-6507	<input type="checkbox"/> Refugee Resettlement Program of the Commonwealth Catholic Charities Richmond Office 1512 Willow Lawn Drive, Suite A Richmond, VA 23230 (804) 545-6289
Chesterfield Goochland Hanover Henrico Powhatan Richmond City	<input type="checkbox"/> Virginia Council of Churches Refugee Resettlement Program Richmond Office 1214 W. Graham Road, Suite 3 Richmond, VA 23220 (804) 321-3305, ext.109	<input type="checkbox"/> Refugee Resettlement Program of the Commonwealth Catholic Charities Richmond Office 1512 Willow Lawn Drive, Suite A Richmond, VA 23230 (804) 545-6289
Eastern Surry York-Poquoson	<input type="checkbox"/> Refugee Resettlement Program of the Commonwealth Catholic Charities Hampton Office 1615 Kecoughtan Road Hampton, VA 23661 Phone: (757) 247-3600	
Chesapeake Hampton Isle of Wight Newport News Norfolk Portsmouth	<input type="checkbox"/> Refugee Resettlement Program of the Commonwealth Catholic Charities Hampton Office 1615 Kecoughtan Road Hampton, VA 23661	<input type="checkbox"/> Virginia Council of Churches Refugee Resettlement Program Newport News Office 372 Hiden Blvd., P.O. 6154 Newport News, VA 23606

Suffolk Virginia Beach Williamsburg	Phone: (757) 247-3600	Phone: (757) 265-8605
Northern Virginia Alexandria Arlington Fairfax Falls Church, Loudoun Manassas City Manassas Park Rappahannock Shenandoah	<input type="checkbox"/> Migration and Refugee Services Catholic Charities of the Diocese of Arlington Arlington Office 80 North Glebe Road Arlington, VA 22203 Phone: (703) 841-3876	<input type="checkbox"/> Lutheran Social Services of the National Capital Area Refugee Employment and Training Program Falls Church Office 7401 Leesburg Pike Falls Church, VA 22043 Phone: (703) 698-5026
Culpeper Fredericksburg Orange Prince William Spotsylvania Stafford	<input type="checkbox"/> Migration and Refugee Services Catholic Charities of the Diocese of Arlington Fredericksburg Office 24 Butler Road Fredericksburg, VA 22405 Phone: (540) 899-6507	
Harrisonburg/Rockingham	<input type="checkbox"/> Virginia Council of Churches Refugee Resettlement Program Harrisonburg Office 250 E. Elizabeth Street, Suite 109 Harrisonburg, VA 22802 Phone: (540-433-7942)	
Piedmont Albemarle Charlottesville	<input type="checkbox"/> International Rescue Committee Charlottesville Office 609 East Market Street, Suite 104 Charlottesville, VA 22902 Phone: (434) 979-7772	
Botetourt Franklin Roanoke City Roanoke County	<input type="checkbox"/> Refugee Resettlement Program of the Commonwealth Catholic Charities Roanoke Office 820 Campbell Ave. SW Roanoke, VA 24016 Phone: (540) 342-7561	
Western None	n/a	n/a

Refugee Social Services Employment Program (RSSEP) MUTUAL RESPONSIBILITY AGREEMENT PLAN OF ACTION REQUIREMENTS

This form is to be completed by the RSSEP agency and the RSSEP applicant and kept with the RSSEP Work Registration Form.

Client Name _____ Phone Number _____
Worker Name _____ Phone Number _____
VNIS Case Number _____
RCA/TANF Cash Number, if applicable _____

Client Responsibilities

The client and worker are to initial each item. The worker's initial attests to the fact that the worker explained the responsibility to the client. The client's initial attests to the fact that the client understands the responsibility.

1. I will contact my RSSEP worker immediately if a change occurs that prevents me from completing an assigned activity

worker initials

client initials

2. I will follow up on job referrals I am given by the RSSEP worker

worker initials

client initials

3. I will accept any reasonable job offered to me.

worker initials

client initials

4. I will not quit a job without *first* discussing the situation with the RSSEP worker.

worker initials

client initials

Plan of Action: FULL PLAN CONTAINED IN EMPLOYMENT SECTION OF COMPREHENSIVE RESETTLEMENT PLAN

Employment Goal:

Signatures

Client

Date

RSSEP Worker

Date

**REFUGEE SOCIAL SERVICES EMPLOYMENT PROGRAM
RSSEP PARTICIPATION COMMUNICATION REPORT Form**

- TANF Recipient
- RCA Recipient

To: _____ - LOCAL DSS AUTHORIZED PERSON	To: _____ - RSSEP Authorized Person
From: _____ RSSEP AUTHORIZED PERSON	From: _____ - Local DSS Authorized Person
Date Submitted _____/_____/_____	Date Submitted _____/_____/_____

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RSSEP Participation Information

Name _____
RCA Case # _____
RCA Client ID # _____
TANF Case # _____
TANF ID# _____
RSSEP Case # _____
RSSEP Case ID # _____

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Entered Employment

Will enter or did enter employment on ____/____/____
Place of employment _____
Scheduled # of hours/week _____
Rate of pay \$ _____ per _____
Frequency of pay: _____
Expected date of first pay: ____/____/_____

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Non-Compliance with RSSEP Participation Requirement

Please take action to close the RCA or TANF case due to non-compliance with RCA work registration requirement. The RSSEP conducted a review of the case facts and determined there was not good cause for non-participation. Attached is a summary of findings of this review.

This is the 1st non-participation (3 mo RCA ; 1 mo TANF sanction and until person complies)

This is the 2nd non-participation (6 month RCA; 3 mo TANF sanction and until person complies)

Compliance with RSSEP Participation Requirement

Please reinstate the RCA or TANF payments when the sanction period has ended. The person has complied with the RCA work requirements.

Appeal of Determination of Non-Participation

Client appealed case closure action. Case remains open until appeal resolved.

Pre-hearing conference scheduled for ___/___/___ at ___ a.m./p.m.

Appeal hearing conference scheduled for ___/___/___ at ___ a.m./p.m.

NOTE: LOCAL DSS MUST COMMUNICATE DIRECTLY WITH RSSEP TO CONFIRM SPECIFIC DETAILS OF TIME AND PLACE OF THE HEARING AS THE RSSEP IS RESPONSIBLE FOR PRESENTING CASE FACTS.

RSSEP Hours of Participation Report

RSSEP and Local DSS Client Update

Instructions

REFUGEE SOCIAL SERVICES EMPLOYMENT PROGRAM RSSEP PARTICIPATION COMMUNICATION REPORT

PURPOSE OF FORM This form provides a method for authorized local DSS eligibility worker and the authorized RSSEP worker to exchange information about an RCA and TANF recipient's work activities.

USE OF FORM The form is originated

- As needed by the RSSEP job counselor when an RCA or TANF recipient becomes employed, fails to participate in RSSEP program activities without good cause,
- Monthly, by the RSSEP job counselor to provide hours of participation documentation for the VIEW worker
- As needed by the appropriate local DSS staff when there is an appeal hearing of a TANF or RCA closure action that is based on an RSSEP report of non-participation.
- As needed by the VIEW worker to communicate information regarding an RSSEP participant.

NUMBER OF COPIES

The original is sent is to the agency to which the form is addressed. One copy is put in the case file of the agency initiating the form.

INSTRUCTIONS FOR PREPARTION OF FORM

The persons authorized to originate and receive the form are those designated by the management staff of each agency.

The originator of the form completes the section with the client's name, case number, and other listed identifying information.

The originator will check whichever block communicates the information being communicated to the other agency.

SPECIAL INSTRUCTIONS FOR RSSEP

When the form is communicating non-participation in RSSEP, attach a summary of the reasons for the non-participation determination.

SPECIAL INSTRUCTIONS FOR LOCAL DSS

As the facts regarding the client's non-participation in RSSEP work activities must be presented by the RSSEP, the local DSS must have direct communication with the RSSEP confirming the date, time, and place of both the pre-conference hearing and the appeal hearing.

Virginia Refugee Resettlement Program
Release of Information Form

Name of Refugee: _____ Alien number: _____

I authorize these organizations and individuals

- Refugee Resettlement Organizations
- Immigration and Naturalization Services
- Employers
- Physicians and Other Medical Institutions
- Law Enforcement Officers
- Schools, Colleges, and Universities
- Mutual Assistance Associations
- Property Managers/Landlords
- Virginia Housing Development Authority
- Public Service Agencies
- Social Security Administration
- Financial Institutions
- Health Insurance Company
- Area Agencies on Aging

to provide information to these refugee service agencies/organizations:

- Eligibility Workers
- Office of Newcomer Services
- Division of Adult & Family and Services
- Local Department of Social Services
- Catholic Charities (only when holding custody of refugee)
- Foster Care Agency (providing care to refugee)

including the following records:

- Family History
- Employment/Unemployment
- Education Reports
- Alcohol/Drug Treatment
- Mental Health Records
- Medical/Psychiatric Treatment
- Benefit/Services Needed, Planned, and/or received
- Financial Information
- Criminal Justice Records
- Other: _____

I understand and agree that:

- The individuals and organizations listed above may share information about me and my family.
- The information shared will only be used to help me receive services and benefits that will help me to achieve self-sufficiency.
- This form and my permission for these agencies to share information will expire in one year.
- I can cancel this at any time.
- Any information shared must be kept confidential unless I give written permission to release it to someone else.
- I have not been forced to sign this form.

Signature of Refugee: _____ **Date:** _____

Signature of Case Worker: _____ **Date:** _____